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Dated: October 19, 2004

Signature:

(Tia Zimmerman)

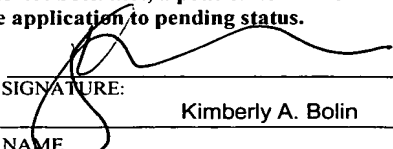
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| FORM PTO 1390<br>(REV 10-2003)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>YISS2000100   |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371  |  |   | U.S. APPLICATION NO. (If known, see 37 CFR 1.51)<br>10/512024<br>Not Yet Assigned |
| INTERNATIONAL APPLICATION NO.<br>PCT/IL03/00312   | INTERNATIONAL FILING DATE<br>15 April 2003 | PRIORITY DATE CLAIMED<br>19 April 2002                  |   |
| TITLE OF INVENTION $\beta$ -AGONIST COMPOUNDS COMPRISING NITRIC OXIDE DONOR GROUPS AND REACTIVE OXYGEN SPECIES SCAVENGER GROUPS AND THEIR USE IN THE TREATMENT OF RESPIRATORY DISORDERS |  |   |   |
| APPLICANT(S) FOR DO/EO/US Abdullah I. HAJ-YEHIA   |  |   |   |

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
- ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing 35 U.S.C. 371.
- ☐ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.
- ☒ The US has been elected (Article 31).
- ☒ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - ☐ is attached hereto (required only if not communicated by the International Bureau).
  - ☒ has been communicated by the International Bureau.
  - ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
- ☐ An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
  - ☐ is attached hereto.
  - ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
- ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - ☐ are attached hereto (required only if not communicated by the International Bureau).
  - ☐ have been communicated by the International Bureau.
  - ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - ☒ have not been made and will not be made.
- ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).
- ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
- ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

- ☐ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
- ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
- ☒ A preliminary amendment (3 pages)
- ☒ An Application Data Sheet under 37 CFR 1.76 (2 pages).
- ☒ A substitute specification. (including claims and abstract) (96 pages)
- ☐ A power of attorney and/or change of address letter.
- ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
- ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
- ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
- ☒ Other items or information: Drawing (1 page); Copy of International Search Report (2 pages); and Return Receipt Postcard.

| U.S. APPLICATION NO. <b>10/512024</b><br>Not Yet Assigned  | INTERNATIONAL APPLICATION NO.<br><b>PCT/IL03/00312</b> | ATTORNEY'S DOCKET NUMBER<br><b>YISS2000100</b>   |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
|--|--|--|--------------|--|----------|--|--|--------------|--------|----|---------|----|----------|--------------------|-------|---|---------|----|--------|---|--|--|--|---|--------|--------------------------------------|--|--|--|----|----------|---|--|--|--|----|----------|-------------------|--|--|--|----|----------|--|--|--|--|----|------|-----------------------------|--|--|--|----|----------|---|--|--|--|---|---------|------------------------------|--|--|--|----|----------|--|--|-------------------------------|----|--|-----------------|----|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO . . . . . \$1110.00<br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO . . . . . \$950.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO . . . . . \$770.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) . . . . . \$730.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) . . . . . \$100.00<br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).   |  | <b>CALCULATIONS</b> PTO USE ONLY<br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">\$ 950.00</td> <td style="width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 0.00</td> <td></td> </tr> </table> | \$ 950.00    |  | \$ 0.00  |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| \$ 950.00  |  |  |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| \$ 0.00  |  |  |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>117-20</td> <td>97</td> <td>x 18.00</td> <td>\$</td> <td>1,746.00</td> </tr> <tr> <td>Independent claims</td> <td>5-3 =</td> <td>2</td> <td>x 88.00</td> <td>\$</td> <td>176.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>300.00</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> <td>3,172.00</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td>\$</td> <td>1,586.00</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td>\$</td> <td>1,586.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td>\$</td> <td>1,586.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$</td> <td>1,586.00</td> </tr> </tbody> </table> |  | CLAIMS   | NUMBER FILED | NUMBER EXTRA   | RATE     |  |  | Total claims | 117-20 | 97 | x 18.00 | \$ | 1,746.00 | Independent claims | 5-3 = | 2 | x 88.00 | \$ | 176.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  |  | + | 300.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ | 3,172.00 | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | \$ | 1,586.00 | <b>SUBTOTAL =</b> |  |  |  | \$ | 1,586.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | \$ | 0.00 | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ | 1,586.00 | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  |  |  | + | \$ 0.00 | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ | 1,586.00 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"><b>Amount to be refunded:</b></td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;"><b>charged:</b></td> <td style="text-align: center;">\$</td> </tr> </table> |  | <b>Amount to be refunded:</b> | \$ |  | <b>charged:</b> | \$ |
| CLAIMS   | NUMBER FILED   | NUMBER EXTRA   | RATE         |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| Total claims   | 117-20   | 97   | x 18.00      | \$   | 1,746.00 |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| Independent claims   | 5-3 =  | 2  | x 88.00      | \$   | 176.00   |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |  |  |              | +  | 300.00   |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |  |  |              | \$   | 3,172.00 |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
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| <b>SUBTOTAL =</b>  |  |  |              | \$   | 1,586.00 |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
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| <b>TOTAL NATIONAL FEE =</b>  |  |  |              | \$   | 1,586.00 |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
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| <b>TOTAL FEES ENCLOSED =</b>   |  |  |              | \$   | 1,586.00 |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
|  | <b>Amount to be refunded:</b>                          | \$   |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
|  | <b>charged:</b>  | \$   |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-1952</u> in the amount of \$ <u>1,586.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |  |  |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b><br><br>SEND ALL CORRESPONDENCE TO:  |  |  |              |  |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |
| CUSTOMER NUMBER: 25226   |  |  |              | SIGNATURE: <br>NAME: <u>Kimberly A. Bolin</u><br><br>44,546<br>REGISTRATION NUMBER |          |  |  |              |        |    |         |    |          |                    |       |   |         |    |        |   |  |  |  |   |        |                                      |  |  |  |    |          |   |  |  |  |    |          |                   |  |  |  |    |          |  |  |  |  |    |      |                             |  |  |  |    |          |   |  |  |  |   |         |                              |  |  |  |    |          |  |  |                               |    |  |                 |    |